



Cannabis careers revisited: Applying Howard S. Becker's theory to present-day cannabis use



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ABSTRACT

A considerable part of today's sociological research on recreational drug use is (explicitly or implicitly) inspired by Howard Becker's classical model of deviant careers. The aim of the present paper is to directly apply Becker's theory to empirical data on present-day cannabis use and to suggest a revision of the theory. As part of this, we propose a stretch of the sociological approach represented by Becker and followers in order to include, not only recreational drug use, but also use for which young people have sought treatment. The paper is based on 30 qualitative interviews with young people in treatment for cannabis problems in Copenhagen, Denmark. We suggest a revision of Becker's career model in relation to four aspects: initiation of cannabis use, differentiation between socially integrated and individualised, disintegrated use, social control from non-users, and the users' moral stance on cannabis. A central point of the paper is that social interaction may both motivate cannabis use, as Becker proposed, and serve as a protective factor against extensive, problematic use.

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Introduction

The aim of this paper is to propose a revision of [Howard S. Becker's classic \(1953, 1955–56, 1973\)](#) theory on deviant careers in order to apply it to present day cannabis use – the parade example of deviance used by Becker. [Becker's \(1953\)](#) path-breaking contribution emphasised social level explanations of cannabis use; in order to become regular cannabis users, people had to be associated with subcultural networks that transformed their behaviour, mind-set and moral stance on drugs. We use Becker's theory in an analysis of young cannabis smokers in Copenhagen, Denmark, who have sought treatment for their cannabis problems. Like Becker's study, this paper stresses the importance of social level explanations, but rather focuses on social interaction as a factor that may both inspire occasional cannabis use and hinder excessive use.

Becker's work is often used to underscore two key points. First, within studies of deviance, that people who deviate from the norms of conventional society are not 'special kinds of people', but that deviance is the result of processes of social interaction and socialisation. And second, within studies on drug use, that cannabis use –

or other drug use – does not necessarily lead to problematic use and addiction, but can be a controlled activity. This view has inspired a great amount of qualitative research into illegal drug use, particularly since the early 1990s, and especially in the UK. The literature on *recreational party drug use* focuses on drug intake as “calculated hedonism” ([Featherstone, 1991](#)) or “controlled loss of control” ([Measham, 2004](#)), describing drug users as rational risk-managers assessing their substance use as functional and compatible with other aspects of their life ([Hutton, 2006](#); [Malbon, 1999](#); [Measham, Aldridge, & Parker, 2001](#); [Measham, Newcombe, & Parker, 1994](#); [Parker, Aldridge, & Measham, 1998](#); [Sanders, 2005](#); [Williams & Parker, 2001](#)). Highly influential in this tradition is Parker and colleagues' work suggesting a normalisation of recreational drug use ([Measham et al., 1994](#); [Parker et al., 1998](#)). According to [Parker et al. \(1998\)](#), “sensible”, unproblematic drug use has become a socially accommodated activity and part of a ‘work hard, play hard’ life-style practised by ordinary youths. While the normalisation thesis is still debated (see e.g. [Aldridge, Measham, & Williams, 2011](#); [Measham & Shiner, 2009](#); [Shildrick, 2008](#)), the focus on recreational drug use as a controlled activity has for a large part been maintained (however, see e.g. [Järvinen & Ravn, 2011](#); [MacDonald & Marsh, 2002](#); [Shildrick, 2002](#) for exceptions to this).

Compared to the impressive amount of studies analysing recreational *party drug use*, qualitative studies of *cannabis use* are more sparse (e.g. [Amos, Wiltshire, Bostock, Haw, & McNeill, 2004](#); [Bell,](#)

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Pavis, Cunningham-Burley, & Amos, 1998; Fletcher, Bonell, Sorhaindo, & Rhodes, 2009; Haines, Johnson, Carter, & Arora, 2009; Hathaway, Comeau, & Erickson, 2011; Sandberg, 2012; Shukla & Kelley, 2007). These studies represent a range of theoretical approaches. Some scholars use a subcultural perspective, arguing that cannabis cultures should be seen as a collection of rituals, stories and symbols that resist majority norms (Golub, 2005; Sandberg, 2012; Sandberg & Pedersen, 2010; Shiner, 2009). Other qualitative researchers analyse the social context and meaning of cannabis use and the users' identity development, without tying this to explicit subcultures (Bell et al., 1998; Hathaway et al., 2011), also stressing the importance of gender, social class and ethnicity for the users' cannabis careers (Fletcher et al., 2009; Haines et al., 2009). Furthermore, an emerging literature focuses on decision-making and drug use (e.g. Shukla & Kelley, 2007), analysing cannabis users as rational agents choosing to use drugs as long as the benefits (pleasure, relaxation, sociability) outweigh the costs (price of drugs, health risks etc.).

A significant part of this literature – on recreational party drug use as well as recreational cannabis use – is inspired by Becker's (1953) theory on deviance. However, the theory is typically referred to rather cursorily and seldom put to systematic analytical use (exceptions are Hallstone's (2002) and Hirsch, Conforti, and Graney's (1990) studies which we return to below). Contrary to much previous research, the aim of the present study is 1) to directly apply Becker's model of deviant careers to empirical data on present-day cannabis use among young people and to suggest a revision of the model. Another aim of the study is 2) to stretch the sociological approach represented by Becker and followers to include not only recreational but also problematic drug use, i.e. use for which young people have sought treatment. Although we share the view represented by the tradition emanating from Becker that cannabis use is often controlled and without serious long-term consequences for the users, our study also addresses the more problematic aspects of drug use. Thus, we will show how Becker's sequential model does not have to stop at the level of regular, controlled use but may be extended to include "excessive" use, and we argue that this expansion of the theory provides new insights into cannabis careers as such.

When approaching cannabis use as a form of "deviance" (Becker, 1953, 1973) an important note should be made. In today's Denmark, as in many other Western countries, cannabis inhabits a very different position than it did 60 years ago when Becker formulated his theory. First, cannabis is easily available. According to survey data, 80% of the 18–19 years old Danes say they could easily buy cannabis if they wanted to (Østergaard, Røgeskov, & Rasmussen, 2011). Second, use is relatively wide-spread: 38% of 15–24-year-olds report they have tried cannabis at least once (EMCDDA, 2012). And third, among young people in Denmark, experimentation with cannabis is generally regarded as acceptable; regular use, on the other hand, is surrounded by negative attitudes (Järvinen & Demant, 2011). On a political level, the city of Copenhagen works on a controlled legalisation of cannabis, in part inspired by The Netherlands and, most recently, the legalisation of cannabis in the states of Colorado and Washington, USA in 2012. While these examples are still sporadic on an international scale, they illustrate the changed position of cannabis from being a drug on the margins of society to being a more or less accepted drug in some countries. These changes are obviously important for the conceptualisation of the career stages that cannabis users move through and are therefore included in our efforts to apply Becker's theory to empirical data.

In the following, we present Becker's career model and the few studies that explicitly use his theory on empirical data in order to discuss its applicability. After this, we outline our own approach.

Becker's career model

Becker (1953) was one of the first to analyse drug careers as a social process, focussing, not on the drug users' personal characteristics but on a set of changes in their conceptual and experiential relationship to cannabis, developed in social interaction with others. Becker described three prerequisites in the process of becoming a cannabis smoker: a) learning to smoke cannabis in the right way, b) learning to recognise the effects of the drug, and c) learning to enjoy these effects. His argument was that the motivation to engage in cannabis use does not necessarily precede experimentation with cannabis but follows from a subcultural learning process where the individual is socialised into certain behaviours and states of mind (Becker, 1953, p. 242). In this process cannabis smokers not only learn to enjoy the drug but also to regard cannabis use as morally acceptable. Becker (1955–56, 1973) described three stages of cannabis use: the beginner (the stage where the individual "learns to become a cannabis user", cf. points a, b, and c above); the occasional user whose cannabis smoking is sporadic, and the regular, systematic cannabis user. The progression from one stage to another is socially conditioned, according to Becker (1973): without integration into a network of users, and without a loosening of the ties to conventional society, users do not proceed in their "deviant" careers.

Becker (1955–56) tied the stages of user careers to social control, hypothesising that various kinds of social control become progressively less effective as users move from one stage to the next. One kind of control is related to supply: In order to advance from the beginner stage to the occasional and regular stages, users have to find more stable sources of supply than chance encounters with other users. A second type of control concerns the need to keep non-users unaware of one's drug use because of potential negative reactions or sanctions. This secrecy is often maintained through a change in the users' social participation. The association with other drug users is intensified at the same time as contact with non-users is kept at a minimum. A third kind of control is related to the users' conceptions of cannabis smoking as (im)moral behaviour. When cannabis users move from occasional to regular use, they develop what Becker calls a "more emancipated view" on the drug, e.g. defining the effects of cannabis as more beneficial than harmful and regarding cannabis as a safer drug than alcohol and tobacco. Part of this is also the conviction that "scheduled" use is unproblematic: as long as users alternate between use and non-use (at points of time when use is felt to be inappropriate or when they decide to take a break), they typically feel "in control" of the drug (Becker, 1955–56, p. 41–42).

Hirsch et al. (1990) applied Becker's theory to interviews with cannabis users in Wisconsin, finding some sequential limitations in the theory. First, initiation of cannabis use is probably less sudden and less dependent on other people's advice than Becker proposed. The beginner stage is typically preceded by a process in which the individual develops a willingness to experiment with cannabis, and many novices do not need others to instruct them about how to enjoy the effects of the drug. Second, Hirsch et al. (1990) find Becker's stage "regular use" too broad, and question the meaningfulness of lumping together e.g. regular monthly use and daily use. As a supplement to Becker's theory, Hirsch et al. suggest a career model originally developed by van Dijk (van Dijk, 1972 cited in Hirsch et al., 1990) covering the stages 'experimentalism', 'integrated use' and 'excessive use'. Hirsch et al. (1990) prefer this model because it differentiates between integrated use, meaning regular use which is not necessarily problematic, and excessive use which may be associated with addiction.

In a similar way, Hallstone (2002) proposes a development of Becker's theory. Analysing qualitative interviews with Hawaiian

cannabis smokers, Hallstone shows that people do not necessarily have to go through a radical learning process and moral transformation in order to become (occasional or regular) cannabis users. Also, Hallstone (2006) points out that “regular” cannabis use is not static but a relative and variable phenomenon, and that the careers of cannabis users are constantly changing in response to social conditions. Some regular users are able to exercise control over their drug intake, typically because they have “a stake in conventional life” (Hallstone, 2006, p. 71) or in Becker’s (1973, p. 28) terminology: “conventional commitments” to e.g. school, work and family. Other regular users develop a destructive smoking pattern that monopolises their whole existence (Hallstone, 2006).

Another approach is proposed by Hathaway (1997, 2004), who draws on Canadian data to show how Becker’s career model needs modification. He suggests that cannabis use is now (1997) considered tolerable and that use should no longer be associated with subcultural groupings. Instead, he views cannabis use as a lifestyle choice that is “independently regulated”, and regards patterns of use as “genuinely personal” (1997, p. 122), renouncing the social level of explanation inherent in Becker’s theory.

Inspired by Becker’s study and the later applications of his theory, we analyse the careers of young Danish cannabis users, focusing on their way from experimenting with cannabis to “excessive” use for which they have sought treatment. As mentioned, we extend Becker’s theory to include the development of problematic use. Like Becker, we regard cannabis use careers as socially conditioned, but in a partially different way from what Becker described. Importantly, the significant distinction in our interviewees’ careers is not so much between non-use and use as between socially integrated use and what we call individualised, disintegrated use. In the sections that follow we depict the gradual changes our interviewees undergo when they proceed from initial to excessive use. These changes are, as Becker’s theory proposes, related to social control (or lack hereof) and to a transformation of the users’ “moral” relationship to cannabis – a transformation though, that differs from the one Becker (1955–56) depicted.

Before turning to the career stages in the interviews, we describe the data and methods of the study.

Data and methods

The paper is based on 30 qualitative interviews with young people enrolled in drug treatment in Copenhagen, Denmark. The interviews were conducted in Autumn 2011 and Spring 2012. The participants were enrolled at three small centres (Centre A: 14 interviewees, Centre B: 12 interviewees and Centre C: four interviewees), all offering outpatient treatment to young people with drug problems. Twenty-seven interviewees were recruited through the staff at the centres who introduced the research project to potential participants. If interested, the young drug users provided their phone numbers and were then contacted by the interviewers. Three interviewees contacted one of the interviewers directly, after she had been permitted access to observe a group therapy session and introduced the study there. No other eligibility criteria than enrolment in treatment for cannabis problems were applied. This open sampling procedure meant that the interviewees had different drug use profiles and treatment experiences. Their time in treatment ranged from just over one month to more than two years. The interviewees’ way into treatment differed in that one group (about half of the sample) had sought treatment themselves, one group (about one fourth) was enrolled because parents or other relatives took action, and finally, one group (about one fourth) was enrolled by a ‘system representative’, typically a social worker, e.g. when the interviewee was in contact with the employment system. None of the interviewees, however, resisted being in treatment; if

so they would have been discharged, since the three centres only work with voluntary participants.

The sample consisted of 19 men and 11 women. Their mean age was 21.7 years, ranging from 17 to 28, with the majority (21 people) being between 18 and 23 years of age. While 10 were in regular jobs (some half-time or temporary) or enrolled in education, the majority received welfare payments and took part in various activation or educational projects in relation to this. Very few interviewees had finished an education after lower secondary school (two had finished high-school) and their work experiences typically consisted of short-term appointments in jobs such as shop assistants, nursery assistants, waiters, petrol pump attendants etc. We did not ask systematically about upbringing, parents’ education or work positions etc., but around two thirds of the interviewees spontaneously provided some information about this. Thus, eight reported upper middle-class backgrounds and 13 came from working-class or lower middle class families. Parents’ alcohol and/or drug problems were mentioned by 12 interviewees.

Most interviews took place in a meeting room at the treatment facilities; three were conducted at the researchers’ work-place or in a nearby park. The interviews lasted 45–80 min, most around 1 h. They were semi-structured and based on a schedule that consisted of four overall themes: drug use initiation and progression of use, current drug use, expectations when seeking treatment, and experiences with being in treatment. Further, the interviewees were asked about their education, work and living situation. All interviews were audio-recorded, fully transcribed and anonymised. All names in the paper are pseudonyms.

Informed consent was obtained from all interviewees. There are no institutional boards for the approval of social science studies in Denmark, but we do not consider the study to be in any way in conflict with the Helsinki Declaration.

In this paper we focus on the interviewees’ previous and current drug use, and not their treatment experiences as such – however, we will return to the question of the significance of their involvement with the treatment system in the concluding discussion. When reading through the transcripts initially, we found that the interviewees to a large extent described their drug use careers in sequences, and this prompted the idea to explicitly apply Becker’s theory, and not other analytical approaches, to our data. Thus, with Becker’s theory in mind, four categories concerning cannabis use were developed on basis of the data: initiation of use, occasional use, regular use and “problematic” use (or use urging the participant to seek treatment). Within these sequential categories we further coded the interviews for ‘influence from friends’, ‘smoking with friends’ vs. ‘smoking alone’, ‘drug effects’, ‘attitudes to cannabis’ and ‘reactions/sanctions from non-smokers’. Both authors coded the material independently whereupon the two sets of coding were compared. In the few cases where our coding differed, we discussed this and agreed on a final interpretation.

Occasional use

In general, our interviewees did not recollect having gone through a learning process when it comes to smoking techniques and interpretation of cannabis’ effects. About two thirds said they felt the effects of cannabis the first time they smoked it, and none mentioned other people assisting them in the interpretation of these effects. Martin (20) who had his first experience with cannabis at age 15 related:

“I had started to smoke cigarettes, and the same autumn, maybe two months later, I decided I wanted to try cannabis [...] The first time was fantastic, it was together with some of my best friends. We sat in the kitchen and smoked some joints and I

remember I was real zonked. I ate ravenously and then went into another room and lied down next to the dog and talked to him for maybe 45 min [...] I laughed and laughed and couldn't stop again".

Although Martin had his cannabis début together with a couple of friends who had smoked the drug before, he needed no instruction in inhalation techniques, he said, nor did he hesitate in his recognition of the effects of cannabis. Steffen (19) was equally determined and well-informed about what to expect when he first smoked cannabis four years ago. One evening at an end-of-term celebration he and his friend decided to take the subway to Christiania (a "free town" in Copenhagen where cannabis is easily available): "They made these joints for us and we smoked them. It was real fun, I didn't feel sick at all, it was just grand [...] The blaze came crawling up my back and settled around my head like a helmet, it was so funny."

Most of the interviewees who did not feel anything the first time they smoked cannabis offered explanations for this (typically: they did not smoke enough), and a frequent pattern was that they tried soon again, this time with the intended effects. Thomas (18) had his first experience with cannabis at age 15 together with some schoolmates: "Nothing happened really, I was very nervous when it was my turn, was I supposed to suck in or what? But I tried and it felt almost like a cigarette. Then afterwards we went to a party and I smoked some more, and I was crunched the whole evening". Sanne (17) first smoked cannabis at a party together with some friends from school when she was 13–14. She did not feel anything and explained it like this: "It was a school-joint made on an [emptied] cigarette [...] Nothing happened. It was just two puffs, right. The second time I smoked was with a friend of mine and I got real baked. It was a fairly big joint for two persons, especially for me who had no experience".

Just like Hallstone's (2002) findings on cannabis débuts, ours do not match Becker's (1953) claim that one has "to learn to become a cannabis user" and that the disposition and motivation for cannabis use develops *after* cannabis use initiation in a process of subcultural socialisation. Although some of our interviewees (like Thomas and Sanne above) did not feel anything the first time they smoked cannabis, they did not have to go through a lengthy "beginner stage" in order to acquire a taste for the drug. What they described was rather mistakes in dosages due to carelessness, which they later adjusted, with the result that they experienced the desired effects. In general, the threshold to cannabis use initiation was low for our interviewees and they did not attach much importance to it in retrospect. Some participants even said they did not remember when, where and with whom they first smoked cannabis.

Socially integrated use

Although the interviewees' first experiences with cannabis do not quite match Becker's (1953) description of "the beginner stage", their accounts about their subsequent cannabis careers are more in tune with the theory. First and foremost, the development of their cannabis use cannot be understood independently of their social network and the use patterns of their peers. Becker (1955–56) described how "movement to a new level of use" depends on the degree of participation in groups of fellow users who supply the newcomer with drugs, company and "emancipated views". In our study as well, most cannabis smokers said they increased their drug intake in step with peers who also passed from initial to more regular use. In this sense, their disposition to engage in the activity more intensely developed in social interaction (Becker, 1955–56, p. 235).

Some interviewees said they went from initial use to repeated use together with other "ordinary" youths, e.g. schoolmates or childhood friends who just like themselves had started to experiment with cannabis. Jasmine (20) said the following about the summer when she increased her cannabis use:

"It was this lovely summer, with cannabis and good friends. We had such a great time together [...] It's incredible how much we smoked. We sat there four-five hours and went home at 2 AM. The weather was still beautiful at night. We just sat there smoking or lied down watching the stars, things like that".

Other participants described their smoking friends as special in one way or other. For instance, Mikkel (26) did not feel part of the community at his school when he was 14–15 and instead started to mix with other youths: "It was those who didn't quite fit in. The others played tennis or football, and their parents knew each other. We were the ones who were tired of school, stuff like that [...] And in the course of a year or so, I smoked daily".

A few interviewees in our sample described their friend groups in terms reminiscent of "subcultures", i.e. they referred to the groups as holding specific values and preferences, and depicted cannabis smoking as part of a distinct ideology, more or less in the same way as Becker's interviewees did. The absolute majority, however, did not attach any symbolic values or acts of resistance to their cannabis use (as e.g. participants in a Norwegian interview study did, cf. Sandberg, 2012), nor did they depict their friend groups as characterised by distinct 'tastes' (cf. Thornton's study of clubbers (Thornton, 1995)). In general, our interviews do not contain much information about specific rituals and symbols or attitudes positioning cannabis smokers in opposition to mainstream society. To the extent that the interviewees described themselves and their friends as "different" from others (as Mikkel did above) it was more in terms of social and individual marginalisation than positive identification with a subculture. However, our study is based on interviews alone, not on fieldwork which might have provided more information about subcultural affiliations. We return to this in the concluding discussion.

Whether participants described their network as consisting of "ordinary youths" or a "specific kind of people", their cannabis use was still social at this point. They enjoyed the company of their friends, had a variety of activities with them, including occasional, and gradually more frequent, cannabis smoking. What happened next, according to many interviewees, was that the group of friends, which formerly gathered for many different reasons, became a group focused on cannabis smoking. Line (23) said: "You start to hang out more and more with these people, and you smoke every time you see them. It's as if you start seeing them *in order to* smoke. If you don't smoke, you don't see them". In this phase, cannabis smoking became a cohesive factor of the group and (partly, at least) a criterion for membership. Those who diminished their cannabis use, or quit smoking, gradually vanished from the group, whereas those who continued or escalated their use – including the interviewees in this study – stayed in the group.

Individualised, disintegrated use

In parallel with the above-mentioned transformation of the groups' *raison d'être*, smoking became more individualised, meaning that the participants smoked "alongside others" rather than "together with them", as David (23) put it:

"It gradually changed. Sitting and smoking together with others more and more became sitting and smoking alongside others. It wasn't that you smoked *together*, we didn't share joints like we

used to [...] We bought things for our own use. We sat and watched the same movie, maybe quarrelling about which movie or which channel to watch, that was more or less the social part of it. It became less and less social, actually, although we met in order to smoke together”.

In this development, having enough cannabis for one's own use became more important than sharing the cannabis experience with other people. Jasmine (20) related:

“It may very well happen that one of my friends calls and suggests we see each other, and I say: ‘Yeah, let’s do that’, and she says: ‘Do you have money?’ I say: ‘Yes, a little, I can buy food but what about smoke?’ It just slips out automatically, ‘what about smoke?’ And she says: ‘I just have a small lump’, and I: ‘But if you’re going to be here for six hours, a small lump is not enough... What about dropping the food?’ She says: ‘But I haven’t had anything to eat’, and I: ‘Fuck it, let’s meet another day instead’. And this is because we don’t have enough to smoke the whole evening both of us [...] I have cancelled many appointments on that score. You can’t really see each other if you don’t have cannabis.”

Earlier on in the interviewees’ careers, smoking alone was synonymous with problematic drug use. Nikolaj (20) looked back at how things used to be before he became a frequent user: “It has been a rather strict taboo. In my friend group you don’t smoke alone. It’s called ego joints and it’s miserable”. With the development towards individual, disintegrated use, the difference between smoking in the company of others and smoking alone gradually lost its significance.

This change was related to a transformation of the effects of cannabis. Sarah (22) compared her cannabis smoking at the time of the interview to her previous social cannabis use:

“Back then I used to have the ganoobies [intense fun]. I smoked in order to become high and because I wanted to be out with my friends, out in the sun. Now I couldn’t care less if I sit at home under my duvet with nothing to watch in the telly and nothing to do whatsoever, as long as I have my joints”

What Sarah and many other interviewees described is a change from cheerful, social intoxication to a lonesome, cannabis-induced tranquillity or, in the words of some participants, lethargy. Cannabis no longer had the combined stimulating/relaxing effects it once had (laughter, joyful togetherness); it was now primarily experienced as calming/blunting. One reason behind this change was that the users gradually needed more and more cannabis in order to feel its effects. Rasmus (22) stated: “When my abuse was at its highest, I finished one spliff and immediately after that [I thought] ‘what the hell, I’ll take another, this one didn’t work’”. Tolerance was not the only reason, however. Participants told that they started to seek other effects of cannabis such as using it in order to suppress anxiety, forget troubles and as sleeping medicine. Thus, from having been a drug the interviewees used in order to have fun, cannabis transformed into a drug they used in order to solve problems – or, as others put it, “in order to function” or “just to feel normal”.

Social control

As mentioned, Becker (1955–56) described three types of control which become progressively less effective when people proceed in their drug use career: control related to drug supply,

control from non-users, and self-control, in terms of diminishing moral barriers to drug use. In relation to supply, Becker stipulated that users need to have access to increasingly large amounts of cannabis if they are to pass from occasional to regular use. However, none of our interviewees mentioned problems with supplies, neither early in their cannabis careers nor later on. Cannabis appeared readily available and the only potential barrier for further use was lack of economic resources. Thus, as supply does not serve as a control mechanism in our data we will not go further into this dimension.

The second control mechanism, fear of sanctions from non-users, was of some relevance to our interviewees. Becker (1955–56) described cannabis users’ efforts to keep their use a secret by restricting it to settings where non-smokers are absent because of the expected negative reactions. As we will show, in our data the category of non-smokers/potential condemners primarily covers parents and teachers, and not peers.

A number of interviewees avoided smoking at their parents’ house and sought other places to smoke instead. Moving out from their childhood home often proved a decisive point in their cannabis career, as this eliminated an obvious obstacle for smoking cannabis more regularly. Thus, as David (23) described it:

“The summer holidays ended but not for me [after first year at Medical School]. At that time I had moved out [from his parents’ place] and into a really cool apartment together with five friends. And there it was just too easy for me to be alone. My parents did not know that I smoked, so moving made smoking much easier, but in reality it was the worst decision I have ever made [...] because I pushed my roomies away from me, I closed the door all the time, and the smell [from cannabis] would bother them, and we would quarrel about it, and I would start to seal my doorframe with silicone to prevent the smoke from leaking out from my room. Totally ridiculous, really isolating myself, and I did not realise what I was doing. [...] I never really went to school.”

Even though David’s roommates were non-smokers (or at the most, occasional cannabis smokers) and did not approve of him smoking in the apartment, David increased his cannabis use. While Becker (1955–56) proposed a change in social participation as the user becomes more and more integrated in the cannabis “subculture” and stops seeing non-using peers, David got increasingly isolated and neither socialised with his roommates nor with other cannabis users.

Not all cannabis users isolated themselves when their smoking increased. Some interviewees told that they loosened their initial restrictions and started smoking cannabis in settings where adults were present. As Becker noted, experienced smokers learn “to control the drug’s effects while in the company of non-users, so that they [non-users] can be fooled” (Becker, 1955–56, p. 40). Sanne (17) described how this meant that she could smoke all day:

“In the end I smoked every day. By and large from when I got out of bed in the morning, and then in the breaks at school, I went to the restrooms to make a joint and stuff like that, it was real fun [...] My friend was sent home, but I just laughed at it and so they did not really notice that I had smoked. Once they found out, though, but I was not sent home, it’s strange. It was just ‘go sit in the back [of the classroom], go out and let it wear off and then come back’”.

While generally being able to use cannabis “under the noses” (Becker, 1955–56, p. 39) of her teachers by hiding the act of smoking in the restrooms and being able to control the drug high

afterwards, Sanne was caught a few times, but without this having any consequences for her. Sebastian (20) told a similar story:

“I didn’t do my homework [in high-school] but I could still take part in classroom discussions, you know, and when something [hand-ins] needed to be done, I would do it and I got good marks at the exams and stuff like that [...] I respected the teachers, they liked me and so they probably just didn’t think it was as bad as it was [...] Well, sometimes they could tell that I was stoned, but then they just let me sit and do nothing [...] My dad did notice a little, but I don’t think he knew how much I smoked. I had told him that I had tried cannabis. I guess he just thought ‘Well, he is young and doesn’t want to be home much, he rather wants to hang out with his friends’”

According to Sebastian, both his teachers and his father were aware that he smoked cannabis but not of the extent of his use. Even when his father could not help noticing his increased use, he did not confront him with this because he “did not want to realise it”, according to Sebastian. This is a general pattern in our data: Parents and teachers were often aware of the interviewees’ cannabis smoking, but did not interfere. The interviewees on their part tried to hide *the extent* of their cannabis use, e.g. by keeping a distance to adults (moving out, staying away from school) or learning to control the drug high. Characteristic of the accounts in our study is very few sanctions, and little fear of sanctions, at the initial stages of cannabis use. Rather than diminishing with time, interventions from adults were more or less absent early on in the interviewees’ cannabis careers and only (if at all) set in later when e.g. worried parents tried to motivate their children to seek treatment. This is again an indication that today, the crucial “moral” distinction in cannabis careers is not so much between non-use and occasional use but between occasional and regular use. While Becker (1955–56) described social control as based on the fear of condemnation from non-users in general, including non-using peers, our interviewees worried to a very limited extent about reactions from friends and other peers. If anything, they tried to avoid formal sanctions such as being expelled from school or work-places (in our data we have very few examples of this actually happening).

Cannabis morals

The third dimension in Becker’s (1955–56) conceptualisation of social control was the change in users’ conceptions of cannabis that would come about when moving from occasional to regular use. As mentioned, this implied that users would become more and more liberal towards cannabis and downplay potential harmful effects. These attitudes were also present in our data. However, the interviewees’ stance towards cannabis was complex. Consider Christian (20) who described how he and his friends had discussed cannabis:

“We had many discussions about cannabis versus alcohol, like, what’s worse and can you even compare them? And we had reached the conclusion that cannabis was not even close to being as bad as alcohol [...] It’s difficult to hold a job if you’re a real alcoholic, whereas people who smoke cannabis can still handle a bunch of stuff.”

In this, the parallel to Becker’s study is clear. However, Christian then continued, turning to his own use:

“When it [his use] was too much, or if you had too many practical issues, you would take like one-day or two-day breaks. But still, you always ended up with periods of time where you felt

that everything was overwhelming, you didn’t check your bills and stuff like that. Good planning was difficult after all, somehow [...] When people found out that you smoked every day, like old friends [...] you had to explain and they would ask ‘how do you make it work?’, right, and then you could suddenly hear how you had become very different from them. That your life had changed a lot. But when you were in the middle of it, it didn’t seem like such a big change [...] you can smoke cannabis and feel just fine for a long time and not realise that you’re in trouble”.

Contrary to Becker’s interviewees, Christian did not describe an initial change from a restrictive view to a “liberal” stance on cannabis. He was more preoccupied with a change later in the process, when his own use intensified and he realised that his life deviated from that of his non-using friends. Thus, he started to regard his previous view on cannabis as somehow uninformed (“you can smoke cannabis and feel fine for a long time and not realise that you are in trouble”). This kind of change, from a liberal to a more restrictive view is not described by Becker, probably because his data stopped where ours continue, depicting a transformation from socially integrated to individualised, excessive use for which the interviewees have sought treatment.

While this change towards a more restrictive view was the overall pattern, a few exceptions occurred. Thus, Lise (26) said she found “no reason to stop”, although she was “dependent on cannabis”, explaining: “it’s not a problem for me (...) it’s just who I am. It would be like getting rid of a great part of me, and I don’t know what to put instead”. Lisa was diagnosed with ADHD and borderline personality disorder and viewed her own cannabis use as medication, which should be replaced with “something else” (legal drugs) if she was to stop smoking (see also Bottorf, Johnson, Moffat, & Mulvogue, 2009). In a similar way a couple of other interviewees did not dissociate themselves from cannabis but rather said they “needed” the drug because of emotional problems.

According to Becker, regular cannabis users emphasise how the drug is not addictive but controllable, and demonstrate this i.e. through deliberate breaks. “Tests are made – use is given up and the consequences awaited – and when nothing untoward occurs, the user is able to draw the conclusion that there is nothing to fear” (Becker, 1955–56, p. 43). However, Becker did not touch upon the cases in which these “tests” would fall out negatively. Martin (20) described such failed attempts at controlling his cannabis use:

“Then I moved back in with my parents and started working. And that’s when I really began to understand that this was quite a big problem for me because all the time I sneaked around to smoke and had to avoid my parents, and I thought it was stupid and why couldn’t I just skip smoking sometimes [...] I tried to stop for a couple of days but then I didn’t sleep at night at all [...] Then I cut down and started to only smoke at night [...] Often I haven’t mentioned this to friends or others because I’m scared they will laugh at me or say ‘That can’t be a problem. Cannabis abuse, are you kidding me?!’”

Faced with the feeling of not being in control of the drug, Martin changed his view on cannabis. However, he was afraid of telling this to people around him, not because he feared they would condemn him as a cannabis user but because he thought “cannabis abuse” would sound like a joke. In the eyes of Martin’s peers, cannabis was not a drug that could cause problems or be addictive, and by admitting to having a problem with cannabis he would therefore make a fool of himself.

Discussion

When Becker formulated his theory in the 1950s, cannabis was not widely distributed and use was not very common, neither in the US nor in Europe. This societal context naturally influenced his thinking on cannabis careers and social control surrounding cannabis use. However, it is precisely changes at this level that make a revision of Becker's approach necessary if we want to utilise it for understanding cannabis use today (cf. Hallstone, 2002; Hathaway, 1997, 2004). We suggest a revision of Becker's theory in relation to four aspects: initiation of use; problematic use; control by non-users; and moral stance on cannabis.

First, in today's Denmark (as in many other Western countries), cannabis is easily available, experimentation with cannabis is not viewed as deviant and the effects of the drug are well-known, meaning that novices are less dependent on subcultural networks to provide them with cannabis, introduce them to smoking techniques or help them recognise the effects of the drug. This is a potential reason for why we do not identify a distinct 'beginner stage' in our data. Instead, in our interviewees' accounts, initiation merges with occasional use; an activity practiced by a relatively large proportion of the youth population (Järvinen & Demant, 2011; Østergaard et al., 2011).

Second, like Hirsch et al. (1990) we find Becker's cannabis career stage 'regular use' too broad. In our data we see two types of regular use: one in which cannabis is smoked for social reasons and one in which it is smoked with a focus on the user's own, individualised intoxication. Like Becker, we emphasise that regular cannabis use typically develops in the company of, and under the influence of, cannabis-smoking peers. To this, however, we add the finding that the transformation of integrated, and in a sense 'controlled', cannabis use into disintegrated, 'uncontrolled' use is also related to social processes. This time, though, the order is reversed so that the group loosens its hold on the individual, and his/her smoking becomes less and less social. However, in contrast to Hathaway's study and research inspired by rational choice theory (e.g. Shukla & Kelley, 2007), in very few cases in our study this appears as deliberate lifestyle choices but rather as unintended processes of dis-solving sociability.

Third, our analysis indicates changes in the social control surrounding cannabis use. Because experimenting with cannabis is no longer seen as stigmatising behaviour, occasional smokers do not need to hide their use from others, particularly not peers. As their use increases, however, they try to conceal, not *that* they smoke but *how much* they smoke. The lack of condemnation of occasional cannabis use also shows in the fact that parents and teachers do not interfere in the first stages of use. As long as cannabis smoking is occasional and socially integrated, we have (almost) no examples in our data of negative reactions from adults. Only when use becomes disintegrated, and cannabis smoking starts to interfere with the youths' entire life – they stay away from school or work, stop seeing their family regularly, stay indoors for weeks etc. – adults (typically parents) intervene. Hence, what we see in our data is not a gradual loosening of social control in relation to cannabis, as Becker (1955–56) proposed, but rather reactions that set in late in the process when problems become visible.

Fourth, our analysis shows a development in the users' 'moral stance' on cannabis contrary to the development depicted by Becker. While Becker described cannabis users' attitudes as becoming more and more relaxed, our interviewees started their careers with a relatively liberal stance on cannabis, attitudes they share with a large proportion of Danish youth. They regarded cannabis as being a safe drug, as long as one does not use it on a daily basis and/or alone. As their use escalated, however, and they experienced problems, they came to see the drug as harmful and

addictive. In this, the transformation of their conceptions of cannabis – from legitimate and safe to illegitimate and harmful – is more or less the opposite of what Becker described.

In conclusion, we suggest a career model consisting of three stages: occasional use, socially integrated use and individualised, disintegrated use. There is no distinct 'beginner stage' characterised by sub-cultural socialisation in our data, nor is there a development in the direction of group-based cannabis use legitimisation and gradual loosening of social control. Rather, there is occasional use and socially integrated use which is (by and large) culturally legitimate – and disintegrated use which is considered problematic by both users and non-users. This theoretical revision of Becker's model takes into account the changed societal context of cannabis use. It also extends the model to include, not only recreational use which has been the main focus of most previous studies inspired by Becker but also problematic use on which there is very little sociological research.

Finally, some limitations of the study should be mentioned. Most importantly, all interviewees were contacted via the treatment system. What we compare, in our application of Becker's theory, is a model developed in order to understand non-problematic drug use – or even: a model developed to show that drug use is not always problematic – to career descriptions provided by persons identified (by themselves and the treatment system) as having problems. The young people in our study are a specific subgroup of a larger population (of unknown size) of regular cannabis smokers. The transformations they describe in their cannabis careers, e.g. a change from socially integrated to disintegrated use, and a change in the effects they seek from cannabis, may also be (part of) the reason why they sought treatment in the first place. Also, enrolment in treatment probably favours specific ways of telling one's drug-related life story. For instance, participants in treatment might describe their cannabis use in more negative terms than regular cannabis users outside the treatment system would have done, by emphasising e.g. loneliness and isolation rather than sociability, and by depicting a distinct moral change in their relationship to cannabis; they now 'realise' that they have a serious cannabis problem. The findings we have presented are therefore primarily applicable to cannabis users who have been *defined* as problem users and who, because of their involvement in treatment or for other reasons, are in a process of reconsidering their cannabis career.

Another limitation of the study is that it is based on interviews alone rather than interviews in combination with fieldwork. Hence, when participants say they did not need instructions in how to use cannabis, or when they describe themselves as belonging to mainstream or socially marginalised friend groups rather than oppositional and self-conscious subcultures, this should be read as accounts provided in a specific (interview) setting (cf. Demant & Järvinen, 2006; Ravn, 2012). Fieldwork following the youths in different stages of their drug use career might have provided a more complex picture of the social contexts of the interviewees' drug use.

With these reservations in mind, we emphasize two aspects of our revision of Becker's model as especially relevant for prevention and treatment. One implication is a call for a greater preventive attention to the passage from socially integrated to disintegrated use. According to our findings, the three forms of social control described by Becker (control of supply, control by non-using peers and self-control inhibiting drug use initiation) have more or less been suspended. In a cannabis-liberal country like Denmark, where the capital city Copenhagen works on a legalisation of cannabis, a preventive approach aimed at eradicating experimental use of cannabis seems unrealistic. More realistic are prevention programmes informing young people about risky forms of cannabis

use such as smoking cannabis alone or using cannabis on an everyday basis and in order to suppress anxiety, forget troubles and as sleeping medicine. Further, programmes informing parents, teachers and other adults about potential indications of a problematic use of cannabis among young people – for instance social isolation and truancy – seem relevant.

In terms of treatment, our findings emphasise the need to pay more attention to the group level instead of merely the individual level. This implies a rethinking of today's approach to group-based treatment, which most often brings together individuals who do not know each other beforehand. Instead, our findings show the importance of understanding the dynamics of the groups in which the individual user already takes part and the development of these dynamics over time. Thus, we suggest that treatment centres therapeutically address whole groups of friends, instead of the single individual, in order to make them reflect on their own pattern of cannabis use and inform them about dysfunctional ways of relating to cannabis. In cases where the individual cannabis user has a network of non-using friends, or recreational users able to control their use, these could be assisted in developing peer support for him/her during and after treatment. If the young person's closest friends are heavy users, these could be invited to meetings at the treatment centre where information about treatment possibilities is provided and the fragile situation of a friend who has sought treatment is discussed. The strength of a peer group approach to youth drug treatment is that it is not restricted to the treatment setting. Reflections and processes of change may be initiated and facilitated by treatment staff, but can continue 'after hours' and thus make up for the fact that in outpatient treatment the time spent with staff members is minimal compared to the time spent with friends. If successful, a peer group approach could make the two spheres of influence (that of professionals and that of friends) work together instead of opposing each other as is often the case today.

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